MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/517138 **FILING DATE**

APPLICANT(S)

12·7·04   12·22·05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/		/	55						
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7		/		/		/	57						
8		/		/			58						
9	/		/		/		59						
10		/		/		/	60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/		/	64						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2		TOTAL IND.						
TOTAL DEP.	15		15		14		TOTAL DEP.						
TOTAL CLAIMS	17		17		16		TOTAL CLAIMS						